U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1000	
1. File Number U - 6952.	2. Fiscal Year Covered From:
	JAN /01 /2004 Through: Dec/31 /2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Daniel E. Smith	Name Roofers + Waterproofers Local Union#95
4	Labor Organization File Number 034-601
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1529 Carlton Ave	Street 293 Brokaw Ro
City Modesto	City Santa Clava
State C A ZIP Code + 4 95350	State C A ZIP Code + 4 95050
5. Position in labor organization. Business Manager	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name 1200 feers & water proofers Journal level & Apprentice Training Program	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Instructor Salava
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street 293 Blokaw Ro	\$ 12,577.09
City Santa Clara	10,57,0
State CA ZIP Code + 4 95050	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information

Signed

524 ~ 5804 Telephone Number